

# Texas Department of Health Weekly Notifiable Conditions Report

Check for \_\_\_\_\_  
More forms \_\_\_\_\_  
Envelopes \_\_\_\_\_

*This form may be used to initially report any notifiable condition except:*

Outbreaks, exotic diseases, and unusual group expressions of illness. **Immediately** call (800) 705-8868 or (800) 252-8239 to report.

Anthrax, foodborne botulism, invasive meningococcal infection, plague, human rabies, smallpox, viral hemorrhagic fever, and yellow fever. **Immediately** call (800) 705-8868 or (800) 252-8239 to report.

Diphtheria, invasive *Haemophilus influenzae* type b infections, measles (rubeola), pertussis, and acute paralytic poliomyelitis. **Immediately** call (800) 252-9152 to report.

Report all childhood blood lead levels **immediately** to the Texas Childhood Lead Poisoning Prevention Program at (800) 588-1248.

Brucellosis, acute hepatitis A, Q fever, rubella, tularemia, and *Vibrio* infections including cholera. Call (800) 705-8868 **within one working day**.

Tuberculosis. Use form TB-400 to report **within one working day**. Call your regional TDH office to obtain these forms.

Chancroid, *Chlamydia trachomatis* infection, gonorrhea, and syphilis. Mail form STD-27 to your local or regional health department. Call your regional TDH office to obtain these forms.

HIV infection in persons > 13 years of age; use form HIV-1 to report. To report AIDS in person > 13 years of age, use form CDC 50.42A. To report HIV infection or AIDS in persons ≤ 13 years of age, use form CDC 50.42B. Mail these forms to your local or regional health department. Call your regional TDH office to obtain these forms.

*Use this form to report the following:*

## Infectious Diseases

Amebiasis	Hepatitis C (newly diagnosed infections)
Botulism (infant)	Legionellosis
Campylobacteriosis	Listeriosis
Chickenpox (varicella)	Lyme disease
Creutzfeldt-Jakob disease (CJD)	Malaria
Cryptosporidiosis	Meningitis (specify type)
Cyclosporiasis	Mumps
Dengue	Relapsing fever
Ehrlichiosis	Salmonellosis (including typhoid fever)
Encephalitis (specify etiology)	Shigellosis
<i>E. coli</i> (enterohemorrhagic)	Spotted fever group rickettsioses
Hansen's disease (leprosy)	Streptococcal disease (Group A or B), invasive
Hemolytic uremic syndrome (HUS)	Tetanus
Hepatitis B,D,E, and unspecified (acute)	

Trichinosis

Typhus

Yersiniosis

## Injuries

Drowning/near drowning

## Occupational Diseases and Elevated Blood Lead Levels

Asbestosis

Lead, adult elevated blood

Lead, childhood elevated blood

Pesticide poisoning, acute, occupational

Silicosis

*Mail to: Your local or regional health department or IDEAS, Texas Department of Health, 1100 West 49<sup>th</sup> Street, Austin, TX 78756-3199*

Reporting facility (type or place stamp here):

Race	Code	Dx Type	Code
White	W	Clinical	1
Black	B	Serology	2
Native American	N	Culture/PCR	3
Asian/Pacific Islander	A	Biopsy/smear	4
Other	O	Other	5
Unknown	U		

Date of report (mm/dd/yy):

Phone number of person making report:  
( )

Disease	Dx Type	Onset Date	Dr Name and Phone			
Pt Last Name	Pt First Name	DOB	Sex	Race	Hisp?	
Address		City	Zip	Pt Phone		

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